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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/048081		FILING DATE	
							APPLICANT(S)			
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/		/				51			
2		/		/			52			
3		2		/			53			
4		0		/			54			
5		0		/			55			
6		0		/			56			
7		0		/			57			
8		0		/			58			
9		0		/			59			
10		0		/			60			
11		0		/			61			
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47							97			
48							98			
49							99			
50							100			
TOTAL IND.			1				TOTAL IND.			
TOTAL DEP.			16				TOTAL DEP.			
TOTAL CLAIMS			17				TOTAL CLAIMS			

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